**PARENT PERMISSION FOR 504 EVALUATION**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Notice:**

A referral for a Section 504 educational evaluation has been requested in order to determine the cause, extent or possible remediation for a suspected disability. The reasons for this referral are documented on Referral to Student Assistance Team and/or Parent Referral to Student Assistance Team. The purpose of the referral is to determine whether your child is eligible for services under Section 504 of the Rehabilitation Act of 1973. MCPS seeks your consent to conduct assessments as designated below to assist with the determination of whether your child has a disability under Section 504 and needs a 504 Accommodation Plan. If there has been a previous determination that your child has a disability under Section 504, your consent for a re-evaluation as designated below is requested.

1. Proposed personnel/assessment/techniques

The following personnel will conduct the evaluation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The assessment areas may include:

Aptitude Achievement Emotional Behavioral Physical Communication

Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The evaluation techniques may include:

Classroom Observations Individual Tests (including intelligence or personality) Interviews

Rating Scales Review of Records

Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PERMISSION:**

A 504 conference will be held to discuss the results of the evaluation and any educational program recommendations. I understand the reasons for the referral and the description of the evaluation process and have checked the appropriate area below:

Permission is given for the educational evaluation.

Permission is denied.

I have received a copy of the Notice of Parent/Student Rights.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Phone Contact Date

Please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have any questions.

**FOR SCHOOL USE ONLY**

Date form is received by the school’s representative \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

School representative signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make copies for: school, parent, school counselor, 504 Coordinator. Place copy in Student’s file.